

MEDICAL EXAMINATION REPORT

Name: - Mrs. SANDHYA

Age/Sex:41Y/F

DOB: 18-07-1982

ADDRESS: 128/134 GWALTOLI KANPUR-208001

She is not suffering from following disease

- | | |
|-------------|--------------------|
| 1. DM-No | 5. Eye Disorder-No |
| 2. HTN -No | 6. Paralysis -No |
| 3. COPD -No | 7. Epilepsy -No |
| 4. TB -No | 8. Dental -Normal |

9. EAR: Normal B/E

BP: 140/80 mmhg

PR:81 bpm

WEIGHT: 58 Kg

RR:- 21pm

Height: 161 cm

BMI:22.4 kg/m2

Spo2:- 98%

Note : Advice for low diet

Consult Cardiologist

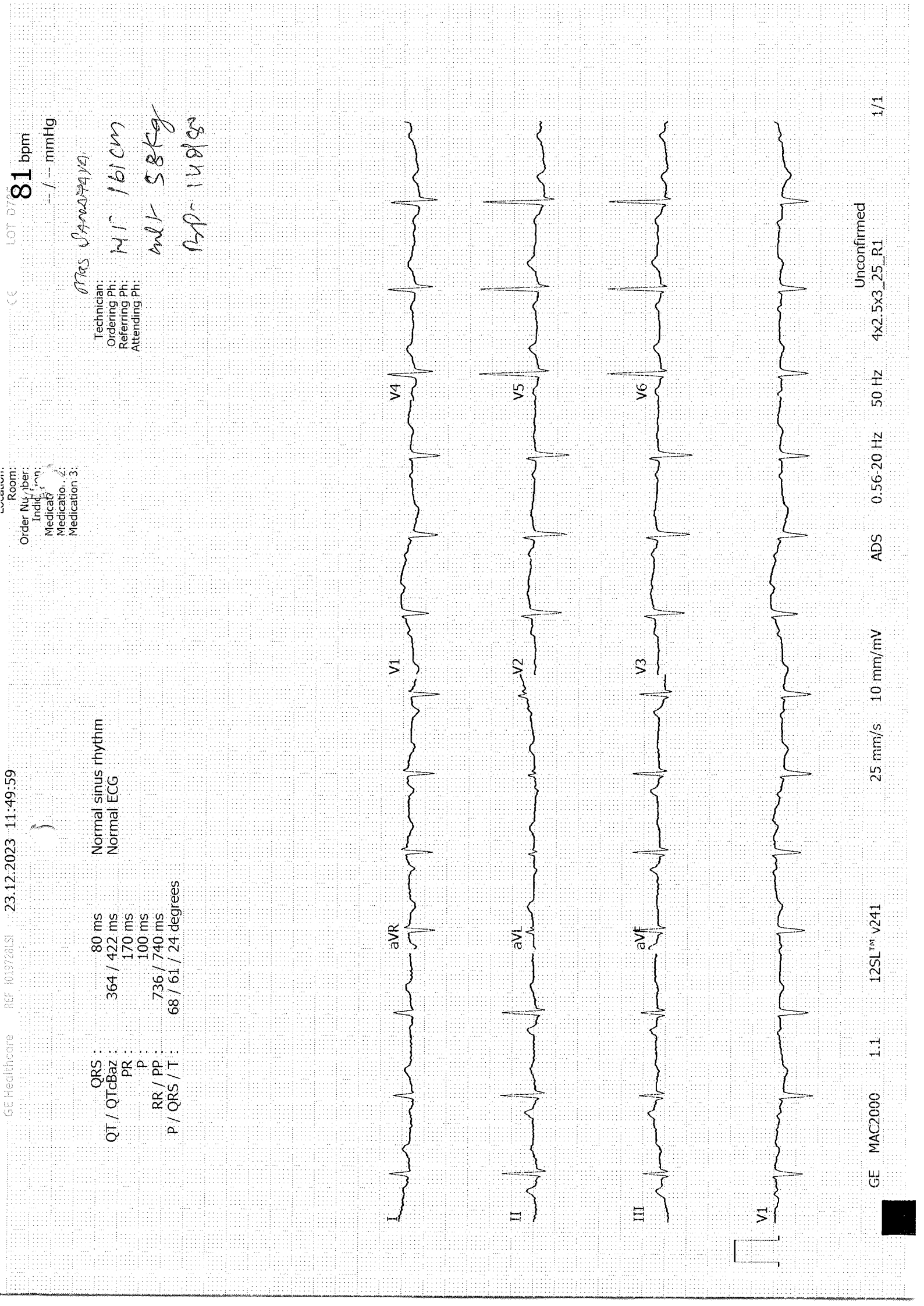
Rx

Tab. Udliv 300Mg BD for 5 Days

Place: -Kanpur

Date: -23.12.2023

Signature
Dr. Ashish Mehrotra
(M.D. Internal Medicine)
UPMC72562
Name of Doctor: -



GE Healthcare REF 019720LSI 23.12.2023 11:49:59

Room: **81 bpm**
 Medication 1: **MI 161cm**
 Medication 2: **wt 58kg**
 Medication 3: **BP 148/80**

Technical:
 Ordering Ph:
 Referring Ph:
 Attending Ph:

Order Number:
 Indication:
 Medication 1:
 Medication 2:
 Medication 3:

Normal sinus rhythm
 Normal ECG

QRS : 80 ms
 QT / QTcBaz : 364 / 422 ms
 PR : 170 ms
 P : 100 ms
 RR / PP : 736 / 740 ms
 P / QRS / T : 68 / 61 / 24 degrees

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

V1

Patient Name	: Mrs. SANDHYA	Age	: 41 Y F
UHID	: SKAN.0000131834	OP Visit No	: SKANOPV159470
Reported on	: 23-12-2023 11:55	Printed on	: 23-12-2023 11:55
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

ULTRASOUND - WHOLE ABDOMEN

Liver- normal in size shape & **mildly coarse echotexture of liver** . No focal lesions. Intra hepatic biliary radicles not dilated. Portal vein is normal in course and caliber.

Gall Bladder- Normal in distension and wall thickness.No sizeable calculus or mass lesion.
CBD normal in course, caliber & clear in visualized region.

Pancreas - Normal in size, shape and echogenecity. No sizeable mass lesion.Main Pancreatic duct not dilated.

Spleen -normal in size, shape and echogenecity. No focal lesion. Splenic vein at hilum is normal caliber.

Retroperitoneum –obscured by bowel gas

Bilateral Kidney -Normal in size, shape, position and echogenecity. Corticomedullary differentiation preserved. Pelvicalyceal system not dilated.No calculus or mass lesion. Bilateral ureter not dilated.

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Adm/Consult Doctor :

Age : 41 Y F
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Urinary Bladder -Normal in size, shape & distention. No calculus or mass lesion.

Uterus -Post hysterectomy status

No evidence of ascites.

IMPRESSION:

Mildly coarse echotexture of liver

ADV- LFT correlation

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

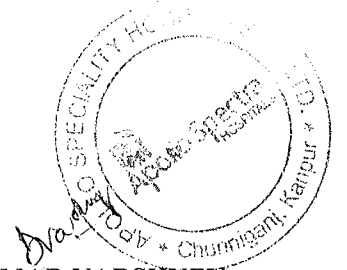
Printed on:23-12-2023 11:55

---End of the Report---

Dr. DUSHYANT KUMAR VARSHNEY

MD, DNB

Radiology



Patient Name :- MRS SANDHYA

Date :- 23 December 2023

Referred By :- MHC

Age/Sex: 35Y/FEMALE

IPD/OPD:- OPD

HEART STATION ECHO REPORT

PROCEDURES:	M-MODE/2D/DOPPLER/COLOR/CONTRAST	B.S.A. M ²
MEASUREMENTS:		NORMAL
Aortic root diameter	2.8	2.0-3.7 cm < 2.2 cm
Aortic valve opening	1.8	1.5-2.6 cm
Right ventricular dimension	2.5	0.7-2.6 cm < 1.4 cm / M ²
Right atrial dimension	3.3	0.3-2.9 cm
Left atrial dimension	3.1	1.9-4.0 cm < 2.2 cm / M ²
Left ventricular ED dimension	4.4	3.7-5.6 cm < 3.2 cm / M ²
Left ventricular ES dimension	3.0	2.2-4.0 cm
Interventricular septal thickness	ED 0.8 ES 1.5	0.6-1.2 cm
Left vent PW thickness	ED 0.8 ES 1.3	0.5-1.0 cm

INDICES OF LEFT VENTRICLE FUNCTION

LV Ejection Fraction 60% 60-62%

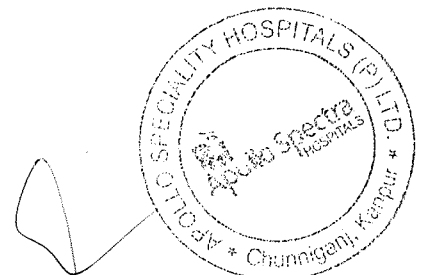
DOPPLER

MV	90	Cm/sec	MR	Nil
AoV	111	Cm/sec	AI	Nil
TV	85	Cm/sec	TR	Nil
PV	72	Cm/sec	PI	Nil

FINAL DIAGNOSIS:

- **Paradoxical septal movements**
 - Normal cardiac chamber dimensions.
 - No regional wall motion abnormality.
 - LVEF 60%
 - Diastolic dysfunction of LV.
 - Normal valves and flows.
 - No evidence of pericardial effusion.
 - No evidence of RHD/ASD/VSD/PDA.
 - No LALV, Clot/Vegetation.
- (Kindly correlate clinically and further investigation)

Please correlate clinically



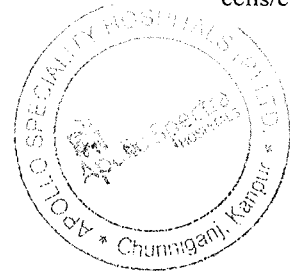
Dr. Mohd Shahid, MD
Consultant Cardiologist

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mrs. SANDHYA	Age / Gender : 41Y/Female
UHID/MR No. : SKAN.0000131834	OP Visit No : SKANOPV159470
Sample Collected on : 23-12-2023 11:25	Reported on : 23-12-2023 16:02
LRN# : LAB13266485	Specimen : Blood(EDTA)
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
Emp/Auth/TPA ID : 93770	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
HEMOGRAM + PERIPHERAL SMEAR			
Hemoglobin Method: Cyanide Photometric	12.4	11.5 - 15	g/dL
RBC Count Method: Electrical Impedance	4.17	3.8 - 4.8	millions/cu mm
Haematocrit Method: Calculated	36.7	36 - 46	%
MCV Method: Calculated	88.0	83 - 101	fl
MCH Method: Calculated	29.7	27 - 32	pg
MCHC Method: Calculated	33.8	31.5 - 34.5	g/dl
RDW	13.7	11.6 - 14	%
Platelet Count Method: Electrical Impedance	2.19	1.5 - 4.1	lakhs/cumm
TLC Count Method: Electrical Impedance	6700	4000 - 11000	cells/cumm



Results are to be correlated clinically

NOTE : All pathological test have technical limitations which may at times cause interpretative errors. Collaborative clinical pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

Excel Hospitals (P) Ltd.

DR. SATINDER SINGH
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 14/138, Chunniganj, Kanpur - 208001
 MD Ph. 0512-2555991, 2555992
 Email: excelhospitals@gmail.com
 Pathology
 ♦ Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

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Differential Leucocyte Count(Fluorescence Flow Cytometry / VCS Technology)

Neutrophils	70	40 - 80	%
Lymphocytes	25	20 - 40	%
Monocytes	02	2 - 10	%
Eosinophils	03	1-6	%
Basophils	00	0-2	%
Erythrocyte Sedimentation Rate (ESR) Method: Westergrens Method.	18	0 - 20	mm/hr

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
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BLOOD GROUP ABO AND RH FACTOR

ABO	A
Method: Microplate Hemagglutination	
Rh (D) Type:	POSITIVE
Method: Microplate Hemagglutination	

End of the report



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Ref Doctor : SELF
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Age / Gender : 41Y/Female
OP Visit No : SKANOPV159470
Reported on : 23-12-2023 16:05
Specimen : Blood(EDTA)
Adm/Consult Doctor :

DEPARTMENT OF LABORATORY MEDICINE

PERIPHERAL SMEAR

Methodology : Microscopic
RBC : Normocytic Normochromic
WBC : within Normal limits. DLC is as mentioned.
Platelets : Adequate in Number
Parasites : No Haemoparasites seen
IMPRESSION : Normocytic normochromic blood picture
Note/Comment : Please Correlate clinically

End of the report



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Lab Technician / Technologist

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❖ Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

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UHID/MR No. : SKAN.0000131834	OP Visit No : SKANOPV159470
Sample Collected on : 23-12-2023 11:25	Reported on : 23-12-2023 16:17
LRN# : LAB13266485	Specimen : Plasma(Flouride)
Ref Doctor : SELF	
Package Name : ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
Emp/Auth/TPA ID : 93770	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
GLUCOSE, FASTING			
FASTING SUGAR Method: GOD-PAP	93	70 - 110	mg/dl
GAMMA GLUTAMYL TRANFERASE (GGT)			
GAMMA GT Method: Kinetic Photometric	19	< 38	U/L
LIVER FUNCTION TEST (LFT)			
BILIRUBIN TOTAL Method: Azobilirubin/dyphylline	0.54	0.2 - 1.3	mg/dL
BILIRUBIN (DIRECT) Method: Dual Wavelength Spectrophotometric	0.24	Adults: 0.0 - 0.3 Neonates: 0.0 - 0.6	mg/dL
BILIRUBIN UNCONJUGATED(INDIRECT) Method: Dual Wavelength Spectrophotometric	0.30	0.0 - 1.1	mg/dL
ALBUMIN Method: Bromocresol Green dye binding	4.4	3.0 - 5.0	g/dL
PROTEIN TOTAL Method: Biuret Reaction	7.5	6.0 - 8.2	g/dL
AST (SGOT) Method: Kinetic (Leuco dye) with P 5 P	23	14 - 36	U/L



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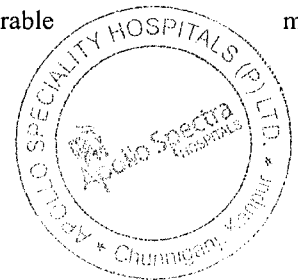
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GLOBULIN	3.1	2.8 - 4.5	g/dL
Method: Calculation			
ALT(SGPT)	21	9 - 52	U/L
RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)			
CREATININE - SERUM / PLASMA	0.8	0.55 - 1.02	mg/dl
Method: Jaffe's Kinetic			
URIC ACID - SERUM	4.6	2.6 - 6.0	mg/dl
Method: Modified Uricase			
UREA - SERUM/PLASMA	23	Female: 15 - 36	mg/dl
Method: Urease with indicator dye			
CALCIUM	10.2*	8.5 - 10.1	mg/dl
Method: O-Cresolphthalein complexone			
BUN	10.72	7-17	mg/dl
Method: Urease with indicator dye			
PHOSPHORUS	4.1	2.5 - 4.5	mg/dl
Method: Phosphomolybdate -UV			
ELECTROLYTES (Na)	140	135 - 145	meq/L
Method: ISE-Direct			
ELECTROLYTES (K)	4.1	3.5 - 5.1	meq/L
Method: ISE-Direct			
LIPID PROFILE			
CHOLESTEROL	184	<200 - Desirable	mg/dL

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Method: CHOD-End Point POD (Enzymatic)		200-239 - Borderline High >=240 - High	
IDL	57	<40 - Low	mg/dL
Method: Direct Measure PEG		>=60 - High	
LDL	106	< 100 - Optimal	
Method: Calculation Friedewald's Formula		100-129 - Near Optimal & Above Optimal	
TRIGLYCERIDES	105	Normal : <150	mg/dl
Method: Enzymatic GPO/POD/End Point		Border High : 150 - 199 High : 200 - 499 Very High : >= 500	
		Note: Overnight fasting of 10-12hrs is recommended to avoid fluctuations in Lipid Profile.	
VLDL	21	10-40	mg/dL
Method: Calculated			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)			
GLUCOSE - SERUM / PLASMA (POST PRANDIAL)	141*	70 - 140	mg/dl
Method: Glucose Oxidase-Peroxidase			

End of the report



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DEPARTMENT OF LABORATORY SERVICES

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LRN# : LAB13266485	Specimen : Urine
Ref Doctor : SELF	
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Emp/Auth/TPA ID : 93770	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
COMPLETE URINE EXAMINATION			
Color:	Straw	Pale Yellow	
Specific Gravity Method: Indicator Method	1.005	1.005 - 1.035	
Transparency:	Clear	Clear	
Protein : Method: Indicator Method	Nil	Nil	
Glucose: Method: Glucose Oxidase	Absent	Nil	
pH Method: Indicator Method	5.0 (Acidic)	4.6 - 8	
DEPOSITS:	Absent		
WBC/Pus Cells	Nil	0-5	/hpf
Tc/Sqc(Transitional/Squamous epithelial cells)	Occasional	2-3	/hpf



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RBC	Nil	0 - 2	/hpf
Crystals:	Nil		
Casts:	Nil		/hpf

End of the report



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DEPARTMENT OF LABORATORY SERVICES

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2D ECHO - PAN INDIA - FY2324
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Age / Gender : 41Y/Female
OP Visit No : SKANOPV159470
Reported on : 23-12-2023 17:23
Specimen : Blood(bio/EDTA)
Adm/Consult Doctor :

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
HbA1c, GLYCATED HEMOGLOBIN HbA1c, GLYCATED HEMOGLOBIN Method:HPLC	4.9	<=5.6:Non-Diabetic 5.7-6.4: Prediabetes (Increased Risk for Diabetes) >=6.5: Diabetes Mellitus Note: In absence of unequivocal Hyperglycemia and the presence of discordant fasting, post prandial or Random Glucose values, result should be confirmed by repeat test(ADA Guidelines 2015)	%
eAG (estimated Average Glucose) Method: Calculated	93.93		mg/dL

End of the report



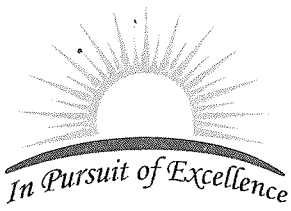
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Pathology Emergency No. 9935577550



SONI DIAGNOSTICS

118/572, KAUSHALPURI, GUMTI NO. 5, KANPUR - 208012

Ph. : 0512-2219667, 8858154254

e-mail : sonidiagnostics01@gmail.com

Patient Name : MRS. SANDHYA

Age / Gender : 41 years / Female

Patient ID : 42599

Source : Excel Hospital

Referral : SELF

Collection Time : 23/12/2023, 02:21 p.m.

Reporting Time : 23/12/2023, 04:32 p.m.

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
------------------	----------	-----------------	---------

T3,T4,TSH

SAMPLE TYPE : SERUM

T3 Method : CLIA	1.31	0.79 - 1.58	ng/mL
T4 Method : CLIA	10.5	5.2-12.7	µg/dL
TSH Method : CLIA	2.23	0.3-4.5	µIU/mL

Interpretation

TSH	T4	T3	INTERPRETATION
HIGH	NORMAL	NORMAL	MILD (SUBCLINICAL)HYPOTHYROIDISM
HIGH	LOW OR NORMAL	LOW OR NORMAL	HYPOTHYROIDISM
LOW	NORMAL	NORMAL	MILD (SUBCLINICAL)HYPERTHYROIDISM
LOW	HIGH OR NORMAL	HIGH OR NORMAL	HYPERTHYROIDISM
LOW	LOW OR NORMAL	LOW OR NORMAL	NON-THYROIDAL ILLNESS: RARE PITUITARY (SECONDARY)HYPOTHYROIDISM

****END OF REPORT****

All the reports have to be correlated clinically. If the result of the tests are unexpected ,the patient is advised to contact the lab immediately for a recheck.

Dr. S.S.Soni

M.D. (PATHOLOGY)



All diagnostic tests have limitations & clinical interpretation should not be solely based on single investigation. Clinical corelation and further relevant investigations advised if warranted. Any discrepencies in test results should be notified within 24 hours. This report is not valid for medicolegal purpose.

